

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9684

FILED APR 10 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 W. 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 49 years years, months or days)

3. (a) PRINT FULL NAME William Henry Schrader

3. (b) If veteran, name war. 3. (c) Social Security No. 499-10-7870

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 19 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Engineer

11. Industry or business

MOTHER FATHER { 12. Name Theodore Schrader
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Volguardsen
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Schrader
(b) Address 715 W. 3rd. Sedalia, Mo.
17. (a) Burial (b) Date thereof 3-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Mo.
19. (a) 3-27-48 (b) Betty Yeager
(Date received local registrar) (Deputy Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 715 W. 3rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from
November, 15, 1947 to March, 24 1948
that I last saw him alive on March, 24, 1948 P/M
and that death occurred on the date and hour stated above.
Immediate cause of death Senile dementia,
of gradual onset.

Due to Arterio-sclerosis, marked and general,
of gradual onset. Stokes-Adams syndrome.

Due to xxx
xxx
Other conditions As above.
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation.
xxx
Of autopsy No autopsy.
xxx

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural causes.
(b) Date of occurrence xxx
(c) Where did injury occur? No injury.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury.

While at work xxx (Specify type of place) (e) Means of injury xxx
23. Signature W. Schrader (M. D. or other)
Address 112 W. 4th St. Sedalia, Mo. Date signed 3/25/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-9-48

APR 30 1948

JAN 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision. Registered Apprentice No.

Signed

K.P. McLeary

Licensed Embalmer No.

3153

P. O. Address

Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.